

## **INSTRUCTIONS**

### ***For Obtaining a State ABC Temporary License***

- STEP 1.** Complete this application form. Be sure to list a daytime phone number and fax number in case we need to contact you.
- STEP 2.** All applicants who do not own the property to be licensed must attach a lease or letter of permission to use the property from the owner of the real estate where your special event is being held.
- STEP 3.** If the applicant is "for profit", attach a letter from the non-profit, charitable, civic or political organization receiving the proceeds or benefiting from this event.
- STEP 4.** *We do not accept cash!* Attach your license fee by certified check, cashier check or money order made payable to: Kentucky State Treasurer.
- STEP 5.** Take your application to the Local ABC Administrator in the area your event site is located. Obtain the signature of your local administrator on the bottom of page 3 or make arrangements for this administrator to mail your approval to the State ABC Office in Frankfort. You may need to pay a local fee and / or fill out a local application for a local license as well as this state application.

**STEP 6. Submit your application to the State ABC Office well in advance of your special event date to insure ample time for processing. Completed and approved forms not received at least 7 to 10 days in advance cannot be guarantee issuance.**

Commonwealth of Kentucky  
**OFFICE OF ALCOHOLIC BEVERAGE CONTROL**  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400

Telephone (502) 564-4850  
Fax (502) 564-1442

<http://abc.ky.gov>

**Temporary Licenses are available in the following areas:**

Temporary Beer Licenses and Temporary Liquor and Wine Package Auction Licenses qualify for the following areas: – All wet areas

Temporary Wine by the Drink Licenses qualifies for the following areas: - All wet 1-4<sup>th</sup>. Class cities and their wet counties.

Temporary Liquor by the Drink qualifies for the following areas: -

In the Cities of Augusta, Bardstown, Bowling Green, Carrollton, Hillview, Morehead, Pikeville, Richmond, and Shepherdsville.)

In the Counties and their Cities of Boone, Bourbon, Campbell, Christian, Clark, Daviess, Fayette, Franklin, Henderson, Jefferson, Kenton, McCracken, Mason, and Perry Counties.)

**Remember:**

KRS 244.060 requires you to purchase your alcoholic beverages only from a Kentucky Liquor Wholesaler or a Kentucky Beer Distributor. You may find the wholesalers or distributors for your area in your local telephone yellow pages.

COMMONWEALTH OF KENTUCKY  
OFFICE OF ALCOHOLIC BEVERAGE CONTROL  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400  
(502) 564-4850 phone  
(502) 564-1442 fax

Site I.D. #

**"APPLICATION FOR ALCOHOLIC BEVERAGE TEMPORARY LICENSES"**

Applications may be returned if all questions are not answered completely.

LEAVE BLANK - FOR ABC USE ONLY

License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_ License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_

License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_ License# \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_

Malt Beverage Administrator's Approval \_\_\_\_\_ Date \_\_\_\_\_

Distilled Spirits Administrator's Approval \_\_\_\_\_ Date \_\_\_\_\_

(A). Name of person(s) or company to be licensed \_\_\_\_\_

Name of this special event \_\_\_\_\_

Address of premises to be licensed \_\_\_\_\_

(Where the alcoholic beverages will be sold)

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ 9 digit zip code \_\_\_\_\_

Mailing address if different from above \_\_\_\_\_

Contact person 8:00 am - 4:30 pm \_\_\_\_\_ e-mail address \_\_\_\_\_

Contact phone \_\_\_\_\_ Fax \_\_\_\_\_

List the type(s) of temporary license(s) you are applying for \_\_\_\_\_

(B).

1. Amount of fee enclosed...(Make certified check, cashier check or money order payable to Kentucky State Treasurer)..... \$ \_\_\_\_\_

(See fee chart on the back page of this application)

2. Period to be covered by license from (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_. Through

(Month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_.  
(Each event requires a separate application, fee and license.)

3. **WHAT IS THE DATE (S) AND TIME (S) OF YOUR SPECIAL EVENT?** \_\_\_\_\_

4. Kentucky law limits temporary licenses to public events.

Therefore, do you agree not to exclude the public from this special event?

☐ Yes ☐ No

5. Are you the owner of the real estate where the premises are to be licensed?

☐ Yes ☐ No

If no, attach a copy of your lease or letter of permission to use this property, signed by you and the owner of the real estate. List the real estate owner's name. \_\_\_\_\_

(C). 6.

Complete the following for the business proprietor, partner(s) and all persons interested in the business to be licensed. List all owners, officers, directors, partners, managing members, members, and shareholders (unless publicly held). Show 100% of the ownership.

If additional space is needed, please make an attachment.

NAME AND ADDRESS	ALL PHONE NUMBERS H = HOME W = WORK F = FAX O = OTHER	SOCIAL SECURITY NUMBER	TITLE	USA CITIZEN	DATE OF BIRTH	LIST DATE & STATE WHERE YOU RESIDED IN PAST 5 YRS.	% OF OWNERSHIP
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%

(D).

7. Are the premises to be licensed located within an incorporated city or town? ☐ Yes ☐ No  
If yes, list the name of the city or town. \_\_\_\_\_
8. Is the entire license fee paid by the applicant and by no other person? ☐ Yes ☐ No
9. Is the applicant a corporation, limited partnership, or limited liability company, in good standings with the Kentucky Secretary of State? ☐ Yes ☐ No
10. Has the applicant(s) been licensed to sell alcoholic beverages? ☐ Yes ☐ No  
If yes, list your state ABC license number(s). \_\_\_\_\_
11. Has the applicant or any person named in statement 6 been convicted of any felony in the past five (5) years? ☐ Yes ☐ No  
Has the applicant or any person named in statement 6 been convicted of a misdemeanor directly or indirectly related to alcohol or a controlled substance in the past two (2) years? ☐ Yes ☐ No  
If yes, you must attach a statement giving a full explanation, including dates of convictions.
12. Has the premises to be licensed or any person listed in this application had a ABC license suspended or revoked, or an ABC application denied? ☐ Yes ☐ No  
If yes, you must attach a statement giving a full explanation, including dates of suspension, revocation or denial.
13. Give a brief description of the purpose for this special temporary license.
14. List the persons or non-profit, charitable, civic or political organization that will receive the proceeds from the sales of alcoholic beverages under this Special Temporary License.

(E).

**AFFIDAVIT OF PERSON APPLYING FOR THE KENTUCKY ABC LICENSE(S)**

*I do hereby solemnly swear or affirm that all statements contained in this application and all attachments are true and correct to the best of my knowledge, information and belief. I incorporate this schedule into my basic application for a Kentucky alcoholic beverage license. I understand I may not begin to operate with alcohol activity until the Kentucky ABC Office has issued my license(s). I further swear or affirm I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use of and trafficking in alcoholic beverages.*

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Sworn or affirmed before me on this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_. My commission expires \_\_\_\_\_

Notary Public \_\_\_\_\_ County of \_\_\_\_\_, Commonwealth of Kentucky

(F).

**OBTAIN SIGNATURE OF YOUR LOCAL ABC ADMINISTRATOR**

Your Local ABC Administrator must approve this application before it is forwarded to the State ABC. Take or mail this application and all attachments to your Local ABC Administrator. Obtain their signature of approval below or make arrangements for this approval to be sent to the State ABC Office in Frankfort, Kentucky

This certifies that the application(s) herein above named have been approved for the type(s) of licenses applied for and for the premises above specified.

SIGNATURE OF APPROVAL OF LOCAL ABC ADMINISTRATOR \_\_\_\_\_ DATE \_\_\_\_\_

☐ City of \_\_\_\_\_ Administrator or the ☐ County of \_\_\_\_\_ Administrator

**You may now forward this application, all attachments, and your state license fee to:**

Commonwealth of Kentucky  
Office of Alcoholic Beverage Control  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400

Telephone (502) 564-4850  
Fax (502) 564-1442

## TYPES OF LICENSES & FEES

Check ☒ the boxes for the type(s) of license(s) you are applying for.  
To determine the ABC license fee(s), find the license type(s) in the left column, then move right across the table to the \$ amount column.

Attach a certified check, cashier check, or a money order.  
Make check payable to: **KENTUCKY STATE TREASURER**  
**NO CASH!**

LICENSE TYPE	PREFIX	<input checked="" type="checkbox"/>	PER EVENT FEE
TEMPORARY BEER BY THE DRINK <i>Under Ky. Revised Statute KRS 243.290 &amp; 804 KAR 4:250</i>	TB	<input type="checkbox"/>	50.00
TEMPORARY WINE BY THE DRINK <i>Under Ky. Revised Statute &amp; Adm. Reg. KRS 243.260 &amp; 804 KAR 4:250</i>	TW	<input type="checkbox"/>	50.00
TEMPORARY LIQUOR AND WINE BY THE DRINK <i>Under Ky. Revised Statute &amp; Adm. Reg. KRS 243.260 &amp; 804 KAR 4:250</i>	TD	<input type="checkbox"/>	100.00
TEMPORARY LIQUOR AND WINE AUCTION BY THE PACKAGE <i>Under Ky. Revised Statute KRS 243.036</i>	TA	<input type="checkbox"/>	100.00
TOTALS			

### CHECK LIST

1. Have you attached a certified check, cashier check, or a money order, payable to: Kentucky State Treasurer? ☐ Yes ☐ No  
We do not accept cash!
2. Have you answered each question fully and checked the type(s) of license(s) you are applying for? ☐ Yes ☐ No
3. Have you signed and had your application(s) notarized? ☐ Yes ☐ No
4. If the applicant is "For Profit", have you attached a letter from the non-profit, charitable, civic or political organization receiving the proceeds or benefiting from this event? ☐ Yes ☐ No
5. Have you attached a lease or letter of permission from the owner of the real estate? ☐ Yes ☐ No ☐ N/A
6. Have you had this application signed and approved by your local ABC Administrator? ☐ Yes ☐ No ☐ None

You may now forward this application, all attachments, and your state license fee to:

Commonwealth of Kentucky  
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**SELF-CERTIFICATION FOR COMPLIANCE WITH**

***KRS 164.772 Default in repayment obligation under financial assistance program – Professional licensing and certification – Notification.***

This form must be completed (signed and dated) by all persons interested in this application, including, but not limited to, officers, partners, and managing members.

If this involves more than one person, make copies in order that each such interested person completes this form.

**Certification of Repayment of Educational Financial Assistance**

I, \_\_\_\_\_, am an applicant for a license related to alcohol or alcoholic beverages issued by the Kentucky Office of Alcoholic Beverage Control. I hereby certify that I am not in default of a repayment obligation, such as a student loan repayment, under any financial program administered by the Kentucky Higher Education Assistance Authority (KHEAA).

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**RETURN THIS COMPLETED FORM TO STATE ABC ALONG WITH YOUR APPLICATION**

**CITY OF FLORENCE, KY DEPT OF ABC**  
**8100 Ewing Blvd.**  
**Florence, KY 41042-7588**  
**APPLICATION FOR RENEWAL ONLY**  
**TEMPORARY MALT BEVERAGE**

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1. Amount of City License Fee Remitted.....(PER EVENT).....\$25.00
  2. Period to be covered by License.....July 1, 2009 to June 30, 2010
  3. Within the past 2 years have any of the person(s) listed on your original application been convicted of an offense attributable to the use of alcoholic beverages?  
Yes \_\_\_\_ No \_\_\_\_ If yes, explain on reverse side.
  4. Are the answers on the original application still the same? Yes \_\_\_\_ No \_\_\_\_  
If no, you must file an amended application.
  5. Is the applicant the owner of the premises? Yes \_\_\_\_ No \_\_\_\_ If no, a copy of your lease covering the full license period must be filed. Give date the lease expires and owner of premises:  
Owner of premise \_\_\_\_\_  
Address \_\_\_\_\_  
Date Lease Expires \_\_\_\_\_

I further state there have been no changes brought about during the past year which would necessitate a new application being made. My last application filed with the City is incorporated and made part of this application.

I \_\_\_\_\_,  
Name of Person signing application Title

of \_\_\_\_\_, do solemnly swear and affirm that all  
Name of Applicant  
statements contained in the application are true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2009.  
My commission Expires \_\_\_\_\_.  
\_\_\_\_\_, Notary Public

**CITY OF FLORENCE, KY DEPT OF ABC**  
**8100 Ewing Blvd.**  
**Florence, KY 41042-7588**  
**APPLICATION FOR RENEWAL ONLY**  
**TEMPORARY DISTILLED SPIRITS/WINE LICENSE**

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1. Amount of City License Fee Remitted.....(PER EVENT)...\$133.33
  2. Period to be covered by License.....July 1, 2009 to June 30, 2010
  3. Within the past 2 years have any of the person(s) listed on your original application been convicted of an offense attributable to the use of alcoholic beverages?  
Yes \_\_\_\_ No \_\_\_\_ If yes, explain on reverse side.
  4. Are the answers on the original application still the same? Yes \_\_\_\_ No \_\_\_\_  
If no, you must file an amended application.
  5. Is the applicant the owner of the premises? Yes \_\_\_\_ No \_\_\_\_ If no, a copy of your lease covering the full license period must be filed. Give date the lease expires and owner of premises:  
Owner of premise \_\_\_\_\_  
Address \_\_\_\_\_  
Date Lease Expires \_\_\_\_\_

I further state there have been no changes brought about during the past year which would necessitate a new application being made. My last application filed with the City is incorporated and made part of this application.

I \_\_\_\_\_,  
Name of Person signing application Title

of \_\_\_\_\_, do solemnly swear and affirm that all  
Name of Applicant  
statements contained in the application are true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2009.  
My commission Expires \_\_\_\_\_.  
\_\_\_\_\_, Notary Public

### **Alcoholic Beverage Information Letter**

The City of Florence has agreed to share the KY State ABC applications. Therefore, make a copy of all of your State ABC application(s) and attachments. Submit all ABC applications, attachments including City and State ABC Fees, (see enclosures for fee schedule) all copies, and the City of Florence/Boone County Occupational License application (if you have not already secured one) to the City of Florence.

The legal advertisement must be placed in the **Boone County Recorder (513-242-4000)**.  
Kentucky Office Location: 226 Grandview Dr. Ft Mitchell, KY 41017.

Upon approval of the City, the State applications and fees will be forwarded to the State ABC Office in Frankfort, KY.

The City license(s) will not be issued until:

- (1) The state license(s) have been issued and a copy of same submitted to the City of Florence.
- (2) The Occupational License has been secured.

**NO ALCOHOLIC BEVERAGES MAY BE STOCKED AND/OR SOLD WITHOUT BENEFIT OF THE CITY OF FLORENCE AND STATE LICENSE(S).**

#### **HOURS OF OPERATIONS:**

**Malt Beverage Retail** 6:00 a.m. to 2:30 a.m. daily except Sunday  
and from 11:a.m. to Midnight on Sunday.

**Retail Package** 6:00 a.m. to 1:00 a.m. daily except Sunday  
and from 11:am to Midnight on Sunday.

**Retail Drink** 6:00 a.m. to 2:30 a.m. daily except during the period  
between 2:30 a.m. Sunday to 6:00 a.m. Monday.

**Sunday Limited Drink** 1:00 p.m. until midnight (only for holders of Distilled Spirits & Wine Retail Drink Licenses provided they meet the criteria of Hotels, Motels & Restaurants that have dining facilities with a minimum seating capacity of 100 people and 50% or more of their gross annual income from the dining facilities is from the sale of food).

For copies of the City of Florence Ordinance(s) or additional information, please contact  
Belinda Nitschke @ 859-647-5413.



**CITY OF FLORENCE ALCOHOLIC BEVERAGE LICENSE FEES**

<b><u>License Type</u></b>	<b><u>Fee</u></b>
1. Distilled spirits license:	
Distilled spirits and wine retail package	\$ 800.00 per annum
Distilled spirits and wine retail drink	\$ 800.00 per annum
Motel drink	\$ 800.00 per annum
Restaurant drink	\$ 800.00 per annum
Supplemental bar	\$ 800.00 per annum
2. Distilled spirits and wine special temporary license	\$ 133.33 per event
3. Special temporary wine license	\$ 50.00 per event
4. Special private club	\$ 300.00 per annum
5. Restaurant wine:	
New applications	\$ 600.00 per annum
Applications for renewal	\$ 400.00 per annum
6. Convention Center license	\$2000.00 per annum
7. Malt beverage retail	\$ 200.00 per annum
8. Special temporary malt beverage retail	\$ 25.00 per event
9. Sunday limited drink	\$ 300.00 per annum

If the license is issued between January 1 and June 30, the fee is ½ of the per annum fee.